Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES DEFERRED PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
EXCO TECHNOLOGIES LIMITED

130 SPY COURT
MARKHAM, ONTARIO L3R 5H6 CA

2b Employer Identification Number (EIN)
34-1786002

2c Plan Sponsor's telephone number
905-477-3065

2d Business code (see instructions)
332900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	PLAN SPONSOR REP DREW KNIGHT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	271
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	208
a(2) Total number of active participants at the end of the plan year	**6a(2)**	200
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	75
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	277
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	277
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	244
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan
THE EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES DEFERRED PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
EXCO TECHNOLOGIES LIMITED

D Employer Identification Number (EIN)
34-1786002

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	34832	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan
THE EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES DEFERRED PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
EXCO TECHNOLOGIES LIMITED

D Employer Identification Number (EIN)
34-1786002

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	218504	176702
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	183915	165611
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7327605	7440050
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7730024	7782363
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7730024	7782363

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	182362	
(B) Participants	2a(1)(B)	307075	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		489437
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7462	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7462
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	401794	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		401794
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-369664
c Other income	2c		435
d Total income. Add all **income** amounts in column (b) and enter total	2d		529464
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	436346	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		436346
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		5947
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	34832	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		34832
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		477125
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		52339
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LUBLINSUSSMAN GROUP LLP **(2)** EIN: 34-1087273

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan
THE EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES DEFERRED PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
EXCO TECHNOLOGIES LIMITED

D Employer Identification Number (EIN)
34-1786002

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES

DEFERRED PROFIT-SHARING PLAN

AUDITED FINANCIAL STATEMENTS

SEPTEMBER 30, 2015 AND 2014

LublinSussman Group LLP
Certified Public Accountants

3166 N. Republic Blvd.
Toledo, Ohio 43615-1572
419-841-2848 Fax 419-841-8178

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Exco Technologies Limited U.S. Affiliates
Deferred Profit-Sharing Plan
130 Spy Court
Markham, Ontario L3R 5H6
Canada

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Exco Technologies Limited U.S. Affiliates Deferred Profit-Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

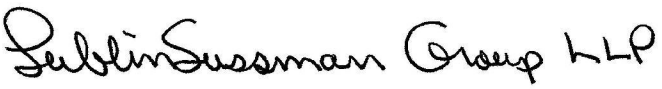
Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter
The supplemental schedules of assets held and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



June 28, 2016
Toledo, Ohio

EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES
DEFERRED PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30

	2015	2014
ASSETS		
Investments, at fair value:		
Equity Funds	$ 3,987,897	$ 4,304,627
Bond Funds	2,583,732	2,519,493
Money Market Investments	863,275	501,475
Total Investments at Fair Value	7,434,904	7,325,595
Receivables:		
Employer Contribution Receivable	176,702	218,504
Notes Receivable From Participants	165,535	183,915
Forfeitures	4,460	2,010
TOTAL ASSETS	7,781,601	7,730,024
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,781,601	$ 7,730,024

See Notes to Financial Statements

EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES
DEFERRED PROFIT-SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30

	2015	2014
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Mutual Funds Investment (Notes 3, 4)	$ (369,664)	$ 384,480
Interest and Dividends	401,794	252,587
Interest Income on Notes Receivable From Participants	7,462	5,811
Fees	(34,472)	(32,347)
Total Investment Income	5,120	610,531
Employee Contributions	307,075	275,096
Employer Contributions (Note 1)	181,676	224,630
Total Contributions	488,751	499,726
TOTAL ADDITIONS	493,871	1,110,257
DEDUCTIONS		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	442,294	377,354
TOTAL DEDUCTIONS	442,294	377,354
NET INCREASE DURING YEAR	51,577	732,903
TRANSFER OF ASSETS FROM EDCO TOOL & DIE COMPANY 401(K) PLAN UNDER MERGER AGREEMENT (Note 8)	0	4,352,006
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	7,730,024	2,645,115
End of Year	$ 7,781,601	$ 7,730,024

See Notes to Financial Statements

(1) DESCRIPTION OF THE PLAN

The following description of the Exco Technologies Limited U.S. Affiliates Deferred Profit-Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan was originally a defined contribution employer profit-sharing plan with no employee contributions. Effective October 1, 2013, the Plan merged in the Edco Tool & Die Company 401(k) Plan. The Plan is a defined contribution plan covering all employees of Edco, Inc. and Exco Extrusion Dies, Inc. (the Company) who have one year of service, have worked 1,000 hours, and are age eighteen or older. Employees may enter the Plan after they have met all eligibility criteria.

A participant, who is employed by the Company on the last day of the Plan year, is entitled to share in the allocation of Company contributions and participant forfeitures for a Plan year in which the participant is credited with at least 1,000 hours of service, except as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Profit-sharing contributions are entirely within the discretion of, and will be made only to the extent specifically authorized by the Plan Sponsor. The Plan Sponsor's contributions are allocated to eligible participants' accounts based on the participant's covered compensation (80%) and the participant's credited service (20%).

Each year, participants may contribute pre-tax annual compensation as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a money market fund and several mutual funds as options for participants. The Company contributes an amount equal to 8% of some participants' elective deferrals which do not exceed 6% of the participants' compensation. Matching amounts contributed by the employer are invested in the same portfolio investments. Contributions are subject to certain limitations. All contributions are subject to compliance with Internal Revenue Code regulations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

VESTING

Participants are immediately vested in their own contributions and earnings. Vesting in the Company's matching contributions, profit-sharing contributions and earnings thereon is based on years of continuous service. A participant is 100% vested after six years.

Participant account balances for profit-sharing contributions are 100% vested upon termination due to death, disability or normal retirement, or upon termination for any other reason after two or more consecutive years of uninterrupted Plan participation. In the event a participant terminates employment with the Company before normal retirement age, the participant account balances are fully vested after three years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants' accounts and bear interest between 4% and 9%. Principal and interest are paid ratably through weekly payroll deductions.

PAYMENT OF BENEFITS

Upon termination of service due to death, disability, retirement or termination of employment where benefits are vested, the participant may elect to receive one of the standard forms of payment: a joint and survivor annuity, an annuity contract or a lump sum payment. Vested participants may make rollover contributions from their accounts.

FORFEITURES

Forfeitures of terminated participants' non-vested account balances are reallocated to the remaining participants as part of, and as a reduction of, the next contribution made by the Plan Sponsor. During the Plan years ended September 2015 and 2014, there were $4,460 and $2,010 forfeitures of non-vested participant account balances respectively. For the year ended September 2015, the forfeiture account is in a holding account and will be used in the future to offset contributions.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants' accounts become fully vested.

ADMINISTRATIVE EXPENSES

The Plan Sponsor has the option to pay certain expenses necessary to operate and administer the Plan. Fees paid by the Plan Sponsor for Trustee, audit and other administrative expenses rendered by parties-in-interest were based on customary and reasonable rates for such services.

BASIS OF PRESENTATION

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are held by the Trustee under a trust agreement with the Plan Sponsor. Investments are recorded at fair value.

MANAGEMENT ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during this reporting period. Actual results could differ from those estimates.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

(3) INVESTMENTS

All investment information disclosed in the accompanying financial statements and schedules including investments held at September 30, 2015 and 2014, investment income and investment income receivable, and net appreciation in fair value of investments for the years ended September 30, 2015 and 2014, were obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by Fifth Third Bank, the trustee.

This information was not subject to audit by the independent auditors except for comparing such information to the related information included in the financial statements and schedules.

Investments that represent 5% or more of the fair value of the Plan's net assets available for benefits are as follows:

	September 30, 2015	September 30, 2014
Participant Directed:		
Equity Funds		
PIMCO Total Return	1,657,464	2,496,081
American Century Mid Cap Value	1,297,103	1,252,028
Dreyfus Bond Market Index	902,367	0
Federated Prime Cash Obligations Fund	863,275	201,475
Oppenheimer Global Y	495,713	0
Columbia Large Cap Index A	483,251	393,266
American Funds Europacific GR R4	426,774	0
MFS Value R3	0	430,718

The Plan's investments (including investments bought, sold, and held during the year) depreciated in value by $369,664 during 2015 of which related to mutual funds. The Plan's investments appreciated in value by $384,480 during 2014 of which related to mutual funds.

(4) FAIR VALUE MEASUREMENTS

The FASB Accounting Standards Codification topic *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the company has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at September 30, 2015 and 2014.

Mutual Funds (Equity and Bond Funds): Valued at the net asset value (NAV) of shares held by the plan at year end.

Money Market Funds: Valued at current cash value.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(4) FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2015.

Investment	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Blend Funds	$ 1,101,251	$ 0	$ 0	$ 1,101,251
Value Funds	1,331,259	0	0	1,331,259
Growth Funds	822,938	0	0	822,938
International Blend Funds	732,449	0	0	732,449
Fixed Income Funds	2,583,732	0	0	2,583,732
Total Mutual Funds	6,571,629	0	0	6,571,629
Money Market Funds	863,275	0	0	863,275
TOTAL	$ 7,434,904	$ 0	$ 0	$ 7,434,904

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2014.

Investment	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Blend Funds	$ 1,409,818	$ 0	$ 0	$ 1,409,818
Value Funds	1,290,935	0	0	1,290,935
Growth Funds	939,306	0	0	939,306
International Blend Funds	664,568	0	0	664,568
Fixed Income Funds	2,519,493	0	0	2,519,493
Total Mutual Funds	6,824,120	0	0	6,824,120
Money Market Funds	501,475	0	0	501,475
TOTAL	$ 7,325,595	$ 0	$ 0	$ 7,325,595

(5) INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated August 21, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

(6) UNCERTAIN TAX POSITIONS

The Plan Administrator has determined that there are no uncertain tax positions that require disclosure in these financial statements under the FASB Accounting Standards Codification topic *Income Taxes*. The tax years 2010 through 2014, are subject to possible examination by the Internal Revenue Service.

(7) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(8) PLAN MERGER

Effective October 1, 2013, the Plan merged with the Edco Tool & Die Company 401(k) Plan. The agreement provides that all participants of the merging fund will become participants in the merged fund. A full description of the merger provisions can be found in the merger agreement executed on October 2, 2013.

Plan management believes that the plan merger was a tax exempt transaction under the applicable provisions of the Internal Revenue Code and, therefore, is not subject to federal income taxes.

The following assets were transferred to the Plan under the terms of the merger agreement.

Statement of net assets available for benefits immediately prior to merger:

Investments at Fair Value	$ 4,230,701
Notes Receivable from Participants	121,305
Net Assets Available for Benefits Immediately Prior to Merger	$ 4,352,006

(9) SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 28, 2016, the date that the financial statements were available to be issued. There were no subsequent events that required adjustment to the financial statements.

SUPPLEMENTAL INFORMATION

EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES
DEFERRED PROFIT-SHARING PLAN
EMPLOYER IDENTIFICATION NO. 34-1786002
PLAN NO. 004
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)
AS OF SEPTEMBER 30, 2015

See attached statements from Fifth Third.

PARTICIPANT SUMMARY BY INVESTMENT OPTION

The Exco Technologies Limited U.S Affiliates Deferred Profit Sharing Plan
01-OCT-14 to 30-SEP-15

SUMMARY OF DOLLAR ACTIVITY

INVESTMENT OPTION	BEGINNING BALANCE	CONTRIBUTIONS/ DEPOSITS	ADDITIONAL DEPOSITS	TRANSFERS IN	INTEREST/ DIVIDENDS	CHANGE IN VALUE	TRANSFERS OUT	FEES	WITHDRAWALS	ENDING BALANCE
1JSRSX	40,699.37	15,817.01	0.00	0.00	1,305.16	(1,971.61)	0.00	0.00	(0.34)	55,849.59
1JTTSX	710.94	1,757.74	0.00	0.00	62.31	(125.35)	0.00	0.00	0.00	2,405.64
1JNSSX	30,919.87	0.00	0.00	0.00	1,194.48	(1,412.93)	0.00	0.00	0.00	30,701.42
1JSMSX	2,319.58	1,757.75	0.00	0.00	124.28	(241.40)	0.00	0.00	0.00	3,960.21
1SRJSX	159,010.98	12,749.88	0.00	0.00	6,350.44	(9,867.21)	0.00	0.00	0.00	168,244.09
1SMTSX	1,885.19	911.92	0.00	0.00	93.40	(184.95)	0.00	0.00	0.00	2,705.56
1JFFSX	45.02	0.00	0.00	0.00	1.41	(2.30)	0.00	0.00	0.00	44.13
1REREX	428,791.28	50,278.09	0.00	210,591.28	6,981.01	(24,023.24)	(203,130.62)	(2,606.80)	(40,106.90)	426,774.10
1AI-IEQ	367,044.26	30,316.69	0.00	130,996.66	16,313.09	(37,883.91)	(251,467.93)	(1,460.70)	(23,707.05)	230,151.11
1OGLYX	199,385.77	32,571.34	0.00	376,421.26	16,029.80	(33,067.61)	(66,445.77)	(1,952.40)	(27,228.92)	495,713.47
1TFFAX	98,093.54	6,137.71	0.00	30,170.43	2,449.78	(7,807.30)	(119,208.73)	(83.39)	(3,211.56)	6,540.48
1AVPAX	38,906.73	409.72	0.00	3,954.39	3,835.95	(4,213.71)	(8,732.95)	(4.01)	(0.63)	34,155.49
1NMSAX	292,952.99	26,184.23	0.00	79,964.51	21,868.33	(5,196.27)	(187,026.30)	(1,291.25)	(18,804.72)	208,651.52
1PASSX	189,313.85	8,502.87	0.00	4,653.22	12,856.52	(9,643.59)	(35,187.24)	(13.67)	(22,092.42)	148,389.54
1ACMVX	1,252,028.41	113,669.49	0.00	581,740.77	136,001.72	(133,061.98)	(527,172.43)	(6,688.14)	(119,414.39)	1,297,103.45
1NTIAX	57,134.63	4,400.89	0.00	4,390.42	3,361.81	(3,253.65)	(7,748.50)	(4.04)	(484.55)	57,797.01
1PEGZX	134,795.29	13,923.89	0.00	321,081.00	15,326.73	(11,229.41)	(375,989.26)	(788.18)	(18,272.56)	78,847.50
1NEIAX	393,266.36	51,198.99	0.00	373,137.93	13,098.61	(15,695.27)	(285,927.48)	(2,754.75)	(43,073.79)	483,250.60
1HRCAX	186,405.12	15,252.19	0.00	195,614.76	10,579.89	(2,505.25)	(202,616.92)	(607.73)	(33,195.31)	168,926.75
1MEIHX	430,917.71	25,589.74	0.00	188,676.60	12,363.19	8,957.88	(556,262.76)	(1,093.96)	(21,463.24)	87,685.16
1BGPSX	23,412.05	0.00	0.00	0.00	492.16	(2.76)	0.00	0.00	(0.19)	23,901.26
1DBMIX	0.00	4,568.69	0.00	904,086.72	3,052.70	3,505.51	(8,959.59)	(1,309.21)	(2,577.82)	902,367.00
1PTTAX	2,496,081.41	140,814.60	0.00	182,742.26	117,980.95	(80,737.58)	(1,072,002.35)	(11,545.82)	(115,869.65)	1,657,463.82
1PRCXX	501,474.35	52,478.77	0.00	540,919.65	70.53	0.04	(220,577.27)	(1,133.44)	(9,957.42)	863,275.21
TOTALS	**7,325,594.70**	**609,292.20**	**0.00**	**4,129,141.86**	**401,794.25**	**(369,663.85)**	**(4,128,456.10)**	**(33,337.49)**	**(499,461.46)**	**7,434,904.11**

PARTICIPANT COUNTS:

PARTICIPANTS WHO ARE CURRENTLY EMPLOYED AND HAVE AN ENDING ACCOUNT BALANCE:	169
PARTICIPANTS WHO TERMINATED EMPLOYMENT AND HAVE AN ENDING ACCOUNT BALANCE:	75
PARTICIPANTS WITH A ZERO ENDING ACCOUNT BALANCE:	22

PARTICIPANT SUMMARY BY INVESTMENT OPTION

The Exco Technologies Limited U.S Affiliates Deferred Profit Sharing Plan
01-OCT-14 to 30-SEP-15

SUMMARY OF UNIT/SHARE ACTIVITY

INVESTMENT OPTION	BEGINNING UNITS/ SHARES	CONTRIBUTIONS/ DEPOSITS	ADDITIONAL DEPOSITS	TRANSFERS IN	DIVIDENDS	EARNINGS	TRANSFERS OUT	FEES	WITHDRAWALS	ENDING UNITS/ SHARES	ENDING VALUE/ PRICE
1JSRSX	2,325.677703	892.801710	0.000000	0.000000	74.556846	0.000000	0.000000	0.000000	(0.018931)	3,293.017328	16.960000
1JTTSX	38.659034	94.395463	0.000000	0.000000	3.396850	0.000000	0.000000	0.000000	0.000000	136.451347	17.630000
1JNSSX	1,741.964444	0.000000	0.000000	0.000000	67.193711	0.000000	0.000000	0.000000	0.000000	1,809.158155	16.970000
1JSMSX	121.443615	90.613232	0.000000	0.000000	6.498012	0.000000	0.000000	0.000000	0.000000	218.554859	18.120000
1SRJSX	8,689.124493	684.338475	0.000000	0.000000	346.010336	0.000000	0.000000	0.000000	0.000000	9,719.473304	17.310000
1SMTSX	96.134273	45.753177	0.000000	0.000000	4.755636	0.000000	0.000000	0.000000	0.000000	146.643086	18.450000
1JFFSX	2.222079	0.000000	0.000000	0.000000	0.068948	0.000000	0.000000	0.000000	0.000000	2.291027	19.260000
1REREX	8,985.566716	1,052.955898	0.000000	4,435.826295	149.390349	0.000000	(4,180.142743)	(54.111753)	(820.558299)	9,568.926463	44.600000
1AI-IEQ	10,782.735461	928.787993	0.000000	3,881.243934	516.237019	0.000000	(7,636.184711)	(44.798435)	(707.419225)	7,720.602036	29.810000
1OGLYX	2,467.339150	409.676287	0.000000	4,677.916590	206.012081	0.005741	(796.341478)	(24.302749)	(330.793276)	6,609.512346	75.000000
1TFFAX	12,095.379305	852.720017	0.000000	4,264.500084	356.590964	0.000000	(16,078.059864)	(11.649697)	(441.308206)	1,038.172603	6.300000
1AVPAX	1,516.832170	16.887791	0.000000	164.694767	159.168051	0.000000	(342.725307)	(0.176034)	(0.025426)	1,514.656012	22.550000
1NMSAX	13,413.596101	1,161.256828	0.000000	3,492.682238	960.679357	0.000000	(8,183.763701)	(56.258598)	(814.410049)	9,973.782176	20.920000
1PASSX	4,385.311543	192.485992	0.000000	107.523385	304.873603	0.000000	(828.620192)	(0.306658)	(498.231609)	3,663.036064	40.510000
1ACMVX	73,432.751475	6,893.671209	0.000000	34,739.007027	8,302.798982	0.000000	(31,673.268879)	(408.356553)	(7,168.350444)	84,118.252817	15.420000
1NTIAX	3,736.730336	279.552192	0.000000	284.847097	213.918161	0.000000	(501.046443)	(0.274275)	(30.473355)	3,983.253713	14.510000
1PEGZX	3,241.052802	334.286050	0.000000	7,509.563587	385.869331	(2.789353)	(8,936.095796)	(18.802647)	(438.696099)	2,074.387875	38.010000
1NEIAX	10,273.415656	1,297.162012	0.000000	9,493.420615	325.213546	0.000000	(7,194.441468)	(69.492572)	(1,075.029344)	13,050.248445	37.030000
1HRCAX	3,117.663852	251.911896	0.000000	3,135.388337	181.847519	0.000000	(3,283.961078)	(9.975433)	(548.990459)	2,843.884634	59.400000
1MEIHX	12,685.243497	739.151449	0.000000	5,434.087514	358.536864	0.000000	(15,858.613654)	(31.086096)	(611.769544)	2,715.550030	32.290000
1BGPSX	2,384.119694	0.000000	0.000000	0.000000	49.837423	0.000000	0.000000	0.000000	(0.019250)	2,433.937867	9.820000
1DBMIX	0.000000	437.385172	0.000000	86,687.017132	292.074663	0.000000	(857.826150)	(125.226352)	(247.466459)	86,185.958006	10.470000
1PTTAX	229,630.313983	13,063.846275	0.000000	16,989.902852	11,014.879836	0.000000	(100,558.265326)	(1,077.451756)	(10,757.228015)	158,305.997849	10.470000
1PRCXX	501,474.350000	52,478.770000	0.000000	540,919.650000	70.530000	0.000000	(220,577.230000)	(1,133.440000)	(9,957.420000)	863,275.210000	1.000000

LEGEND

INVESTMENT OPTION:

1JSRSX	J P MORGAN SMARTRETIREMENT INCOME SELECTJSRSX
1JNSSX	J P MORGAN SMARTRETIREMENT 2025 SELECT
1SRJSX	J P MORGAN SMARTRETIREMENT 2035 SELECT
1JFFSX	J P MORGAN SMARTRETIREMENT 2055 SELECT
1AI-IEQ	INVESCO INTERNATIONAL GROWTH FUND
1TFFAX	TEMPLETON FOREIGN ADV
1NMSAX	COLUMBIA SMALL CAP INDEX A
1ACMVX	AMERICAN CENTURY MID CAP VALUE INV
1PEGZX	PRUDENTIAL JENNISON MID CAP GROWTH Z
1HRCAX	HARBOR CAPITAL APPRECIATION ADM
1BGPSX	BLACKROCK GNMA SVC
1PTTAX	PIMCO TOTAL RETURN A
1JTTSX	J P MORGAN SMARTRETIREMENT 2020 SELECT
1JSMSX	J P MORGAN SMARTRETIREMENT 2030 SELECT
1SMTSX	J P MORGAN SMARTRETIREMENT 2040 SELECT
1REREX	AMERICAN FUNDS EUROPACIFIC GR R4
1OGLYX	OPPENHEIMER GLOBAL Y
1AVPAX	AMERICAN BEACON SMALL CP VAL INV
1PASSX	T. ROWE PRICE SMALL CAP STOCK - ADV
1NTIAX	COLUMBIA MID CAP INDEX A
1NEIAX	COLUMBIA LARGE CAP INDEX A
1MEIHX	MFS VALUE R3
1DBMIX	DREYFUS BOND MARKET INDEX INV
1PRCXX	FEDERATED PRIME CASH OBLIGATIONS FUND SSPRCXX

EXCO TECHNOLOGIES LIMITED U.S. AFFILIATES
DEFERRED PROFIT-SHARING PLAN
EMPLOYER IDENTIFICATION NO. 34-1786002
PLAN NO. 004
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)
FOR THE YEAR ENDED SEPTEMBER 30, 2015

See attached statement from Fifth Third.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

The Exco Technologies Limited U.S Affiliates Deferred Profit Sharing Plan
01-OCT-14 to 30-SEP-15

21-OCT-15 21:52:53

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3PRCXX	3,411.48	3,411.480000	59	(994.50)	(994.500000)	3	(994.50)	SERIES
4PRCXX	33.68	33.680000	1	0.00	0.000000	0	0.00	SERIES
1JSRSX	17,122.17	967.358556	297	(0.34)	(0.018931)	2	(0.33)	SERIES
1JTTSX	1,820.05	97.792313	63	0.00	0.000000	0	0.00	SERIES
1JNSSX	1,194.48	67.193711	32	0.00	0.000000	0	0.00	SERIES
1JSMSX	1,882.03	97.111244	69	0.00	0.000000	0	0.00	SERIES
1SRJSX	19,100.32	1,030.348811	56	0.00	0.000000	0	0.00	SERIES
1SMTSX	1,005.32	50.508813	45	0.00	0.000000	0	0.00	SERIES
1JFFSX	1.41	0.068948	6	0.00	0.000000	0	0.00	SERIES
1REREX	267,850.38	5,638.172542	10430	(245,844.32)	(5,054.812795)	5103	(235,276.64)	SERIES
1AI-IEQ	177,626.44	5,326.268946	10062	(276,635.68)	(8,388.402371)	5852	(289,873.04)	SERIES
1OGLYX	425,022.40	5,293.604958	12878	(95,627.09)	(1,151.431762)	3196	(89,807.11)	SERIES
1TFFAX	38,757.92	5,473.811065	2747	(122,503.68)	(16,531.017767)	3371	(129,660.31)	SERIES
1AVPAX	8,200.06	340.750609	458	(8,737.59)	(342.926767)	169	(9,469.40)	SERIES
1NMSAX	128,017.07	5,614.618423	10397	(207,122.27)	(9,054.432348)	6069	(208,017.86)	SERIES
1PASSX	26,012.61	604.882980	1088	(57,293.33)	(1,327.158459)	411	(52,744.34)	SERIES
1ACMVX	831,411.98	49,935.477218	12378	(653,274.96)	(39,249.975876)	6243	(632,647.33)	SERIES
1NTIAX	12,153.12	778.317450	519	(8,237.09)	(531.794073)	314	(7,850.38)	SERIES
1PEGZX	350,331.62	8,229.718968	6613	(395,050.00)	(9,396.383895)	5742	(399,033.42)	SERIES
1NEIAX	437,435.53	11,115.796173	11889	(331,756.02)	(8,338.963384)	5100	(313,583.80)	SERIES
1HRCAX	221,446.84	3,569.147752	7454	(236,419.96)	(3,842.926970)	5637	(223,411.69)	SERIES
1MEIHX	226,629.53	6,531.775827	8882	(578,819.96)	(16,501.469294)	7114	(541,731.11)	SERIES
1BGPSX	492.16	49.837423	42	(0.19)	(0.019250)	1	(0.19)	SERIES
1DBMIX	911,708.11	87,416.476967	4480	(12,846.62)	(1,230.518961)	765	(12,816.71)	SERIES
1PTTAX	441,537.81	41,068.628963	15623	(1,199,417.82)	(112,392.945097)	6696	(1,218,237.81)	SERIES
1PRCXX	593,468.95	593,468.950000	4785	(231,668.13)	(231,668.090000)	3018	(231,668.16)	SERIES

LEGEND

INVESTMENT OPTION:

3PRCXX	Federated Prime Cash Obligations Fund SS
1JSRSX	J P Morgan SmartRetirement Income Select
1JNSSX	J P Morgan SmartRetirement 2025 Select
1SRJSX	J P Morgan SmartRetirement 2035 Select
1JFFSX	J P Morgan SmartRetirement 2055 Select
1AI-IEQ	INVESCO International Growth Fund
1TFFAX	Templeton Foreign Adv
1NMSAX	Columbia Small Cap Index A
1ACMVX	American Century Mid Cap Value Inv
1PEGZX	Prudential Jennison Mid Cap Growth Z
1HRCAX	Harbor Capital Appreciation Adm
1BGPSX	BlackRock GNMA Svc
1PTTAX	PIMCO Total Return A
4PRCXX	Federated Prime Cash Obligations Fund SS
1JTTSX	J P Morgan SmartRetirement 2020 Select
1JSMSX	J P Morgan SmartRetirement 2030 Select
1SMTSX	J P Morgan SmartRetirement 2040 Select
1REREX	American Funds EuroPacific Gr R4
1OGLYX	Oppenheimer Global Y
1AVPAX	American Beacon Small Cp Val Inv
1PASSX	T. Rowe Price Small Cap Stock - Adv
1NTIAX	Columbia Mid Cap Index A
1NEIAX	Columbia Large Cap Index A
1MEIHX	MFS Value R3
1DBMIX	Dreyfus Bond Market Index Inv
1PRCXX	Federated Prime Cash Obligations Fund SS

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Exco Technologies Limited U.S Affiliates Deferred Profit Sharing Plan
01-OCT-14 to 30-SEP-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1JSRSX			56,500.47	55,849.59
1JTTSX			2,529.42	2,405.64
1JNSSX			30,607.14	30,701.42
1JSMSX			4,108.69	3,960.21
1SRJSX			173,512.17	168,244.09
1SMTSX			2,809.37	2,705.56
1JFFSX			40.35	44.13
1REREX			450,618.12	426,774.10
1AI-IEQ			263,487.76	230,151.11
1OGLYX			522,242.15	495,713.47
1TFFAX			8,151.80	6,540.48
1AVPAX			40,496.80	34,155.49
1NMSAX			229,208.76	208,651.52
1PASSX			147,940.65	148,389.54
1ACMVX			1,371,889.65	1,297,103.45
1NTIAX			60,228.51	57,797.01
1PEGZX			82,773.22	78,847.50
1NEIAX			495,027.50	483,250.60
1HRCAX			173,466.36	168,926.75
1MEIHX			87,378.35	87,685.16
1BGPSX			23,667.73	23,901.26
1DBMIX			898,891.43	902,367.00
1PTTAX			1,714,516.94	1,657,463.82
1PRCXX			863,275.21	863,275.21
			7,703,368.55	**7,434,904.11**
PARTICIPANT LOANS	VARIOUS	4.000-4.250	174,239.25	174,601.98
FORFEITURES			4,460.43	4,460.43

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 34-1786002

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Exco Technologies Limited U.S Affiliates Deferred Profit Sharing Plan
01-OCT-14 to 30-SEP-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1JSRSX	J P Morgan SmartRetirement Income Select	1JTTSX	J P Morgan SmartRetirement 2020 Select
1JNSSX	J P Morgan SmartRetirement 2025 Select	1JSMSX	J P Morgan SmartRetirement 2030 Select
1SRJSX	J P Morgan SmartRetirement 2035 Select	1SMTSX	J P Morgan SmartRetirement 2040 Select
1JFFSX	J P Morgan SmartRetirement 2055 Select	1REREX	American Funds EuroPacific Gr R4
1AI-IEQ	INVESCO International Growth Fund	1OGLYX	Oppenheimer Global Y
1TFFAX	Templeton Foreign Adv	1AVPAX	American Beacon Small Cp Val Inv
1NMSAX	Columbia Small Cap Index A	1PASSX	T. Rowe Price Small Cap Stock - Adv
1ACMVX	American Century Mid Cap Value Inv	1NTIAX	Columbia Mid Cap Index A
1PEGZX	Prudential Jennison Mid Cap Growth Z	1NEIAX	Columbia Large Cap Index A
1HRCAX	Harbor Capital Appreciation Adm	1MEIHX	MFS Value R3
1BGPSX	BlackRock GNMA Svc	1DBMIX	Dreyfus Bond Market Index Inv
1PTTAX	PIMCO Total Return A	1PRCXX	Federated Prime Cash Obligations Fund SS

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year